

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586227

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	2					
5	2					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	1					
13	1					
14	2					
15	2					
16	0					
17	1					
18	1					
19			1			
20			1			
21			1			
22			1			
23			1			
24			1			
25			1			
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50						
TOTAL IND.			4			
TOTAL DEP.			16			
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						